## **INDIVIDUAL LABOR SERVICES WORKSHEET**

Worker:		Form 2400-131A (9/03) Pag County:					
Municipality:_							
Local Coordinator:		Treatment Block Number:					
Use this workshee	t to track individual salary/wage and to do	cument personnel cos					
Date	Work Description	Hours	Rate-Excluding Benefits	Total			
			Total				
	oor and services itemized above were per		aim is just and correct.				
Signature of Work	er	Date					

## **LABOR SUMMARY**

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Local Coordinator:	_	Date						
County Treatment Block Number:	_	Project Period(Circle one): July 1 through December 31 January 1 through June 30						
Use this worksheet to summarize all personnel costs including benefits from the Individual Labor Services Worksheets.								
Worker/Community	Labor Cost	Benefit rate % Benefits Grand Total						
T-4-1								
Total								
I certify that the labor and services summarized	l above were perfoi		s just and correct.					
Signature of Local Coordinator		Date						

## **CASH EXPENDITURES SUMMARY**

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Municipality:	
Local Coordinator:	Treatment Block Number:

Use the C	Use the Cash Expenditures Summary to itemize all other categories of eligible administrative expenses, except mileage and personnel.									
Block Number	Check Date	Check No.	Invoice No.	Payee	Project Item	Planning	Education materials	Landowner notification	Communication Supplies	Total
										,
			TOTALS							